

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME James Bruce Wood SR 16 ACCOUNT # (Ethics Commission Filer)

17 NOTICE FROM POLITICAL COMMITTEE(S)

* This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 300.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2442.75
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,217.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 740.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2000.00



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Bruce Wood

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bruce Wood, this the 22nd day of February, 2010, to certify which, witness my hand and seal of office.

Augusta Cascio
Signature of officer administering oath

Augusta Cascio
Printed name of officer administering oath

Deputy Clerk
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME James Bruce Wood, Sr		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-23-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Keith and Jo Clayton	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8774 Karen Lane Terrell, TX 75160		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-27-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Larry Eggett	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7201 Fm 1388 Kaufman, TX 75142		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-27-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Huffman	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 112 Brookhollow Terrell, TX 75160		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-26-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) R. B. Pool	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 408 W. Nash Terrell, TX 75160		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-29-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bill Carraway	Amount of contribution (\$) 242.75	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10005 Spicewood Mesa Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME James Bruce Wood, Sr		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2-1-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rick Harrison	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 863 Forney TX 75126		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-31-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID Wallace	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14574 Quail Lane Terrell, TX 775160		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-2-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mary Green	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 17211 University Dr Forney TX 75126		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-15-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Deborah Nelson	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8514 Emerald Glen Frisco, TX 75034		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-16-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jay Nelson	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6249 Quail Run Kaufman, TX 75142		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME James Bruce Wood, Sr		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2-15-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Janas Byrnes	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 740 Martin Lane Combine, TX 75159		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2-18-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gary Murrey	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14505 Greenbriar Forney TX 75126		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-18-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Patricia Mount	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 311 Hillside Dr. Forney TX 75126		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-17-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Herman Smith	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 18487 Briarwood Kemp TX 75143		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-17-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mrs H.C. White Jr	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9425 High Country Lane Forney TX 75126		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME James Bruce Wood, Sr		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2-17-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James Hopkins	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 265 Robinson Rd, Combine, TX 75159		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2-8-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: S. Kyle Oakley	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 606 Griffith Terrell, TX 75160		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-15-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jacob D. Thomas	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11055 St. Ellis Way Foxyey, TX 75126		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2-15-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Betty House	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 166 Poinsettia Cir. Terrell, TX 75160		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 4
2 FILER NAME James Bruce Wood Sr.		3 ACCOUNT # (Ethics Commission filers)
4 Date 1-22-10	5 Payee name Postmaster 6 Payee address; City; State; Zip Code Terrell, TX 75168	7 Amount (\$) 1793.14
8 Purpose of payment (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1-22-10	Payee name Nixon Notes Payee address; City; State; Zip Code 10140 CR 4084 Scurry TX 75158	Amount (\$) 2794.24
Purpose of payment (See instructions regarding type of information required.) Campaign consultant (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1-27-10	Payee name Rentro Graphics Payee address; City; State; Zip Code 101 Metro Dr TERRELL TX 75160	Amount (\$) 433.00
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SIGNS (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2-4-10	Payee name The Monitor Payee address; City; State; Zip Code P.O. Box 48 Mabank, TX 75147	Amount (\$) 169.31
Purpose of payment (See instructions regarding type of information required.) Newspaper Advertisement (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **4**

2 FILER NAME

James Bruce Wood Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-4-10

5 Payee name

Postmaster

6 Payee address; City; State; Zip Code

TERRELL, TX 75760

7 Amount (\$)

1,389.04

8 Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

2-7-10

Payee name

The Kaufman Herald

Payee address; City; State; Zip Code

**P.O. Box 460
Kaufman, TX 75142**

Amount (\$)

400.00

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Newspaper Advertisement

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

2-7-10

Payee name

The Terrell Tribune

Payee address; City; State; Zip Code

**P.O. Box 669
Terrell, TX 75160**

Amount (\$)

400.00

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Newspaper Advertisement

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

2-9-10

Payee name

Nixon Notes

Payee address; City; State; Zip Code

**10140 CR. 4084
Scurry TX 75158**

Amount (\$)

2,424.63

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Campaign Consultant

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **4**

2 FILER NAME

James Bruce Wood Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

2-15-10

Forney Messenger

6 Payee address; City; State; Zip Code

**201 W. Broad
Forney, TX 75126**

327.00

8 Purpose of payment (See instructions regarding type of information required.)

Newspaper Advertisement
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

2-16-10

The Monitor

Payee address; City; State; Zip Code

**P.O. Box 48
Mabank, TX 75147**

398.63

Purpose of payment (See instructions regarding type of information required.)

Newspaper Advertisement
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

2-18-10

The Kaufman Herald

Payee address; City; State; Zip Code

**P.O. Box 460
Kaufman, TX 75142**

685.13

Purpose of payment (See instructions regarding type of information required.)

Newspaper Advertisement
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

2-18-10

Nixon Notes

Payee address; City; State; Zip Code

**10140 CR 4084
Scurry TX 75158**

262.97

Purpose of payment (See instructions regarding type of information required.)

Campaign Consultant
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

4

2 FILER NAME

James Bruce Wood Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

2.18.10

5 Payee name

TERRELL TRIBUNE

6 Payee address; City; State; Zip Code

P.O. Box 669
TERRELL, TX 75166

7 Amount (\$)

740.00

8 Purpose of payment (See instructions regarding type of information required.)

Newspaper Advertisement

(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

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